

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.	P-4659-US
First Inventor or Application Identifier	
Title	TRANSMITTER HAVING A SIGMA-DELTA MODULATOR WITH A NON-UNIFORM POLAR QUANTIZER AND METHODS THEREOF
Express Mail Label No.	

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning patent application contents

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 12]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
5. Oath or Declaration [Total Pages 2]
  - a.  Unexecuted (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
*(for continuation/divisional with Box 16 completed)*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b.  Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney *(when there is an assignee)*
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement(IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 5303)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16.  Postcard  
Other: -----

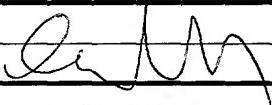
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_ / \_\_\_\_\_  
 Prior application information: Examiner    Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code		<i>(Insert Customer No. or Attach bar code label here)</i>				<input type="checkbox"/> Correspondence address below
Name	Eitan, Pearl, Latzer & Cohen-Zedek					
Address	One Crystal Park, Suite 210, 2011 Crystal Drive					
City	Arlington	State	VA	Zip Code	22202-3709	
Country	USA	Telephone	(703) 486-0600	Fax	(703) 486-0800	

Name (Print/Type)	Caleb Pollack		Registration No. (Attorney/Agent)	37,912
Signature			Date	25 December 2001

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12/27/01  
U.S.P.T.O.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	HASSON, Jaime
Examiner Name	
Group / Art Unit	
Attorney Docket No.	P-4659-US

10/29/01  
US PTO  
12/27/01

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																							
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to</p> <p>Deposit Account Number <input type="text" value="05-0649"/></p> <p>Deposit Account Name <input type="text" value="Eitan, Pearl, Latzer &amp; Cohen-Zedek"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>		<p>3. 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SUBMITTED BY		Complete (if applicable)		
Name (Print /Type)	Caleb Pollack	Registration No. (Attorney/Agent)	37,912	Telephone (703) 486-0600
Signature			Date	December 25, 2001

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